Worcestershire NHS
Acute Hospitals NHS Trust

OBSTETRIC & ANAESTHETIC CONSULTANT PRESENCE IN DELIVERY SUITE/OBSTETRIC THEATRE

ON CALL CONSULTANT OBSTETRICIAN PRESENCE

Consultant Obstetrician presence mandated* in Delivery Suite / Obstetric theatre

- Eclampsia
- Maternal collapse (such as massive abruption, septic shock)
- Caesarean section: placental praevia/abnormally invasive placenta
- Caesarean section <28/40
- Caesarean section for BMI >50
- PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated
- Return to theatre
- Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary
- In the event of high levels of activity e.g a second theatre being opened, unit closure due to high levels of activity requiring obstetrician input
- Premature twins <30/40
- 4th degree tear
- Unexpected intrapartum stillbirth
- Team debrief requested
- If requested to do so
- If asked to attend due to management disagreements between different clinical staff
- In rare obstetric situations –e.g. Unexplained maternal fits, trial of assisted delivery of a stillbirth, shoulder dystocia where all the routine manoeuvres fail

Discussion with Consultant Obstetrician mandated

- Preterm labour < 28weeks (to ensure appropriate management plan & consideration of transfer to tertiary unit
- Consultant involvement in the management and support of IUDs
- Maternal death within the unit
- Difficulty delivering baby

*Clinical judgement should be used as to whether the consultant should attend in a **time critical/lifesaving** situation. If the senior doctor is competent and a discussion with the consultant obstetrician has taken place, it **may** be appropriate to proceed in the absence of the consultant.

This decision must be clearly documented in the notes.

ON CALL CONSULTANT ANAESTHETIST PRESENCE

Consultant Anaesthetist presence mandated in Obstetric theatre

- Failed Intubation
- Maternal Cardiac Arrest
- Eclampsia
- Amniotic Fluid Embolism

Discussion with Consultant Anaesthetist mandated

- Symptomatic PET with abnormal biochemistry or haematology
- Morbid obesity (BMI over 45)
- Anticipated difficult intubation
- Other rare complex medical problems
- Abnormal Placentation
- Total Spinal Anaesthesia
- Major on-going haemorrhage over 1.5 Litres

Situations in which the consultant MUST ATTEND unless the most senior doctor present has documented evidence as being signed off as competent.

If competent the senior doctor and the consultant should decide in advance if the consultant should be INFORMED prior to the senior doctor undertaking the procedure.

- Vaginal Breech Delivery
- Any patient with an EBL >1.5litres and ongoing bleeding
- Review of labour management and delivery of twins/ higher order pregnancy twin delivery
- Trial of instrumental birth
- Caesarean section: full dilation, BMI>40, transverse lie, CS <32/40
- Vaginal twin birth
- 3rd degree tear repair
- To confirm intrauterine fetal demise
- Acute medical / surgical illness in women requiring senior multidisciplinary input

Inform on call consultants of safety huddles to ensure multidisciplinary involvement when unit escalation policy implemented